

State of Michigan  
Department of Civil Service  
**Bureau of Human Resource Services**  
400 South Pine Street, PO Box 30002, Lansing, Michigan 48909

## STUDENT PROGRAM APPLICATION

All persons offered employment in the classified service are required to submit to and pass a preemployment drug test as a condition of employment. An applicant, who refuses to submit to or fails a preemployment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all employment lists and disqualified from state employment for a period of three years. The state of Michigan is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion, national origin, ancestry, disability, partisan consideration, age, or sex.

<b>SOCIAL SECURITY NUMBER (VOLUNTARY)</b>		<b>AREA CODE/TELEPHONE NUMBER</b>		<b>MAJOR</b>	<b>*DEGREE/DATE</b>
<b>NAME (LAST, FIRST, M.I.)</b>				High School	_____
				Vocational	_____
<b>STREET ADDRESS</b>				Associate's	_____
				Bachelor's	_____
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		Master's	_____
<b>WILL YOU RECEIVE ACADEMIC CREDIT FOR YOUR WORK EXPERIENCE IN STATE GOVERNMENT?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES — How many credit hours? _____				Doctoral	_____
				*Enter Degree Granted or Expected Date of Graduation	
<b>CHECK THE TYPE OF WORK YOU WOULD LIKE TO PERFORM</b> <input type="checkbox"/> Clerical-General Office Work <input type="checkbox"/> Professional <input type="checkbox"/> General Labor and Trades Work <input type="checkbox"/> Technical <input type="checkbox"/> Institutional Work			<b>WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT?</b> <input type="checkbox"/> Anytime <input type="checkbox"/> Summer Only Approximate Starting Date _____		
<b>NAME OF EDUCATIONAL INSTITUTION ATTENDING</b>					
I authorize my educational institution to verify basic information regarding my enrollment and class standing. I certify that the information on this application is accurate.					
SIGNATURE: _____			DATE: _____		
<b>REQUIRED DOCUMENTATION REGARDING ENROLLMENT</b> Proof of enrollment is required prior to a conditional offer of employment. <b>NOTE:</b> High school students must provide a working permit upon appointment.					
<b>HIGH SCHOOL</b> <input type="checkbox"/> Attach a copy of the most recent report card or progress review. <input type="checkbox"/> Telephone number and address of school: _____ <b>TELEPHONE NUMBER:</b> _____ <b>ADDRESS:</b> _____					
<b>HIGHER EDUCATION INSTITUTION (Check the box that applies and attach the requested information.)</b> <input type="checkbox"/> Currently a student accepted to a higher-education institution, but not yet enrolled — attach a copy of the letter of acceptance. <input type="checkbox"/> Currently enrolled in a higher-education institution — attach proof of enrollment (e.g., tuition receipt) and a current transcript.					
<b>FINANCIAL AID STUDENTS</b> <input type="checkbox"/> Attach proof of enrollment (e.g., tuition receipt) and a current transcript. <input type="checkbox"/> Attach proof of financial aid.					
<b>RACE/ETHNIC/GENDER INFORMATION</b> <b>OPTIONAL — FOR REPORTING PURPOSES ONLY</b>					
	<b>M</b>	<b>F</b>		<b>M</b>	<b>F</b>
WHITE	1 <input type="checkbox"/>	<input type="checkbox"/>	HISPANIC	4 <input type="checkbox"/>	<input type="checkbox"/>
BLACK (AFRICAN AMERICAN)	2 <input type="checkbox"/>	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	5 <input type="checkbox"/>	<input type="checkbox"/>
AMERICAN INDIAN/ALASKAN NATIVE	3 <input type="checkbox"/>	<input type="checkbox"/>	MULTIRACIAL	6 <input type="checkbox"/>	<input type="checkbox"/>